

South Carolina Conference Ethnic Local Church Concerns (ELCC) Committee "Serving God by serving racial-ethnic ministries"

S.C. ELCC SCHOLARSHIP APPLICATION

The Conference Center staff does not handle registration, hotel or travel arrangements for any events. Reimbursements are issued after the completion of the event. You are responsible for making your reservation and registration for your event. Receipts are to be submitted to Tammy Fulmer. If you are awarded a scholarship, you will be reimbursed for the awarded amount only.

Application deadl	line is t	two mon	ths prior t	o the event dea	<u>adline</u> .	Date:						
Church name:							Average worship attendance:					
Applicant's name:												
Home address:				City:				ZIP code:				
Phone number:					Email ad	dress:						
Age: Under 3	5	35-54	55-64	65+	I am:	clergy	laity					
Clergy only:	Elder	Full-ti	me local	Part-time loc	al	Deacon	Assoc	iate membe	er			
Name of event:							Date of event:					
SELECT FUNDING OPTION: OPTION 1 – S.C. ELCC will pay the registration and one night's lodging OPTION 3 – Special trainings OPTION 2 – S.C. ELCC will pay two nights' lodging only OPTION 4 – Mission trips Amount requested: \$ What will the funds be used for? Event location: How did you find out about the event? Have you attended this event before? Yes No Have you been funded before by S.C. ELCC for this event? Yes No Would you be willing to share information learned from this event at a district or conference event? Yes No Please share briefly why you want to attend this event:												
What leadership population of the second of												

NOTE: A typed report is required from the scholarship recipient to S.C. ELCC within 2 weeks of the funded function. Email this form, completed, to grants@umcsc.org, or mail or deliver it to Office of Connectional Ministries, Attn: ELCC Grant Processing, 4908 Colonial Drive, Suite 101, Columbia, SC 29203.

f * I acknowledge I have read and understand the terms of the ELCC Scholarship.